

Name  
to  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rhine & Sonis Friend

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Dec	9	1	4	
Sex	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Singl					
Father's Name	Walter S Friend				
Father's Birthplace	Md				
Mother's Maiden Name	Cora E Savage				
Mother's Birthplace	Md				
Name of person giving Information	Walter S Friend				
How related to deceased	Father				

CAUSES OF DEATH

(9)

Primary Membranous Croup How long 3 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. Mason MD.  
7 Maryland St.  
Baltimore MD

Accident or Suicide?

Sand Spring cemetery

Name  
in  
Full

James Wilson Lindaman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Engles Mill

County Garrett

MARYLAND

Date of death 1908 Dec.

Month

Day

Years

Age 31

Months

Days

February

submorn

Sex Male

Color or Race

White

Birth-place

Pennsylvania

Occupation Laborer

Where Residing If not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

David Lindaman

Father's Birthplace

Pennsylvania

Mother's Maiden Name

First name unknown Last name Touché

Mother's Birthplace

Pennsylvania

Name of person giving  
Information

Samuel Sloughbaugh

How related  
to deceased

but related

Caused by a 12-foot hickory log

CAUSES OF DEATH

164

Primary

falling upon him

How long

Immediate

Fracture of skull

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

B. W. Brescian

Address

Accident Ind.

Accident or Suicide?

Death was instantly

PHYSICIAN  
OR CORONER



Name  
in  
Full

McCabe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1908	Dec	5	
Age	Day		Days
Sex	Color or Race	Birth-place	
Male	White	Ocean	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Joe McCabe	Father's Birthplace	Md.
Mother's Maiden Name	Grace Klemmer	Mother's Birthplace	Penna
Name of person giving information		How related to deceased	

CAUSES OF DEATH

8

How long

How long

Primary

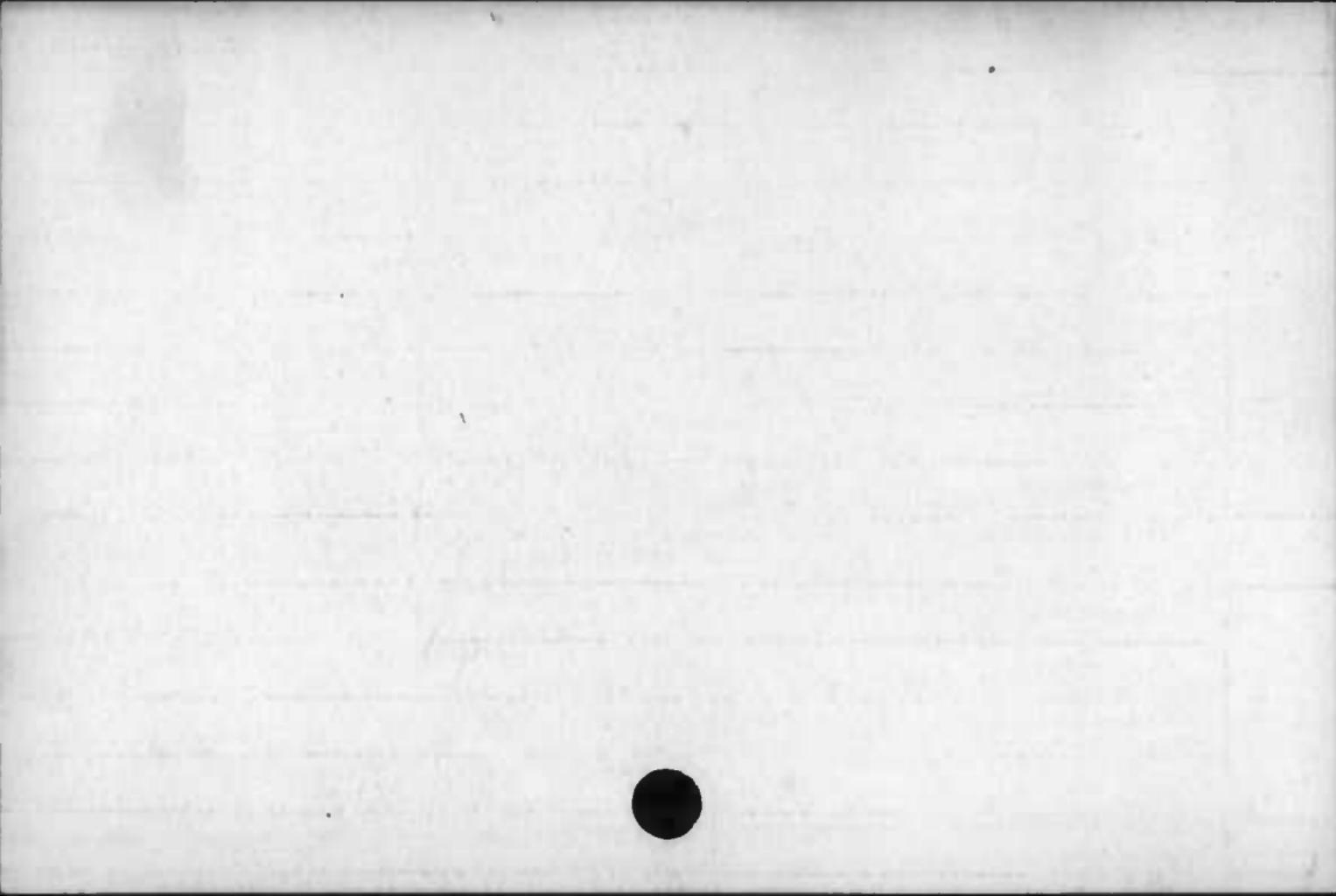
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Ms. Rhoad McRaezie

CERTIFICATE OF DEATH

Town

County

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date  
of death

Month

Day

Age

Years

Months

Days

1908

Dec.

26

69

Sex Female

Color or  
Race

white

Birth  
place

Somerset Co., Penn

Occupation

House work

Where Residing if not  
at place of death

Place of Death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Ambrose McRaezie

Father's  
Name

Donald Long

Father's  
Birthplace

Penna

Mother's  
Maiden Name

Elizabeth Long

Mother's  
Birthplace

Penna

Name of person giving  
Information

Ed Lopadech

How related  
to deceased

Son-in-law

CAUSES OF DEATH

45

Primary

Malignant tumor. of abdomen

How long

Five months

Immediate

Malignant tumor of abdomen

How long

Five months

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

L. G. Frazer, M.D.

Address

Fitzgerald  
Md

Accident or Suicide?

Hofer

St. Michael Cen.

Name  
in  
Full

Millie Earl McMillan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

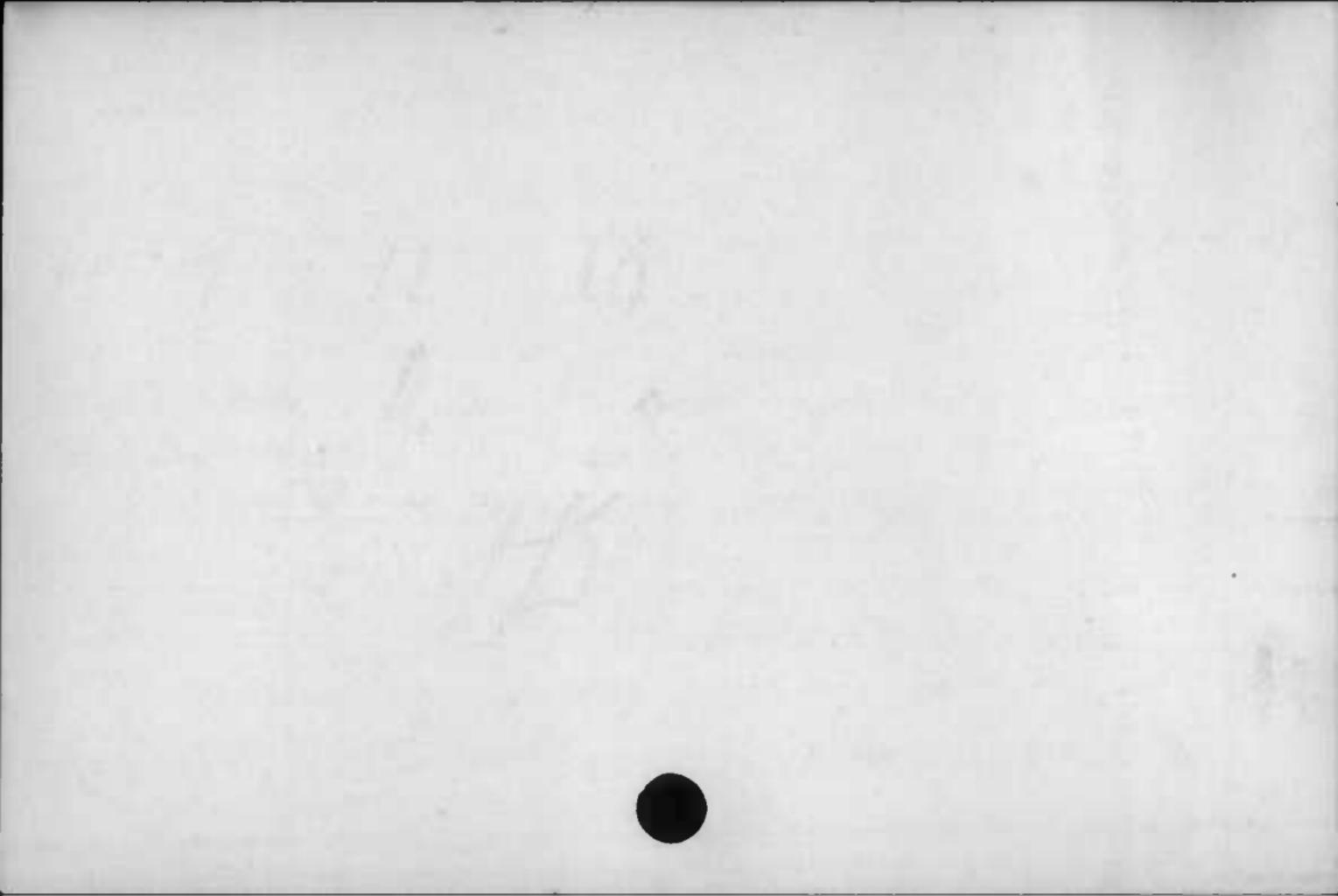
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Hugh McMillan		Father's Birthplace	Sonacoming	
Mother's Maiden Name	Marie Susan Clark		Mother's Birthplace	Garrett Co.	
Name of person giving information	Hugh McMillan		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enter. colitis from birth	How long
Immediate	Exsanguination	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Accident or Suicide?		Jes. J. Braddock M.D. Sonacoming Maryland



Name  
In  
Full

Leonard W. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Accident	Garrett			
Date of death	Month	Day	Years	Months	Days
1908	Dec.	8 <sup>th</sup>	4	2	27
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Miller				
Mother's Maiden Name	Barbara Kahl				
Name of person giving information	William Miller				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart failure	
Immediate	Heart failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		B. W. Briscoe M.D.
		Address
Accident or Suicide?		

179

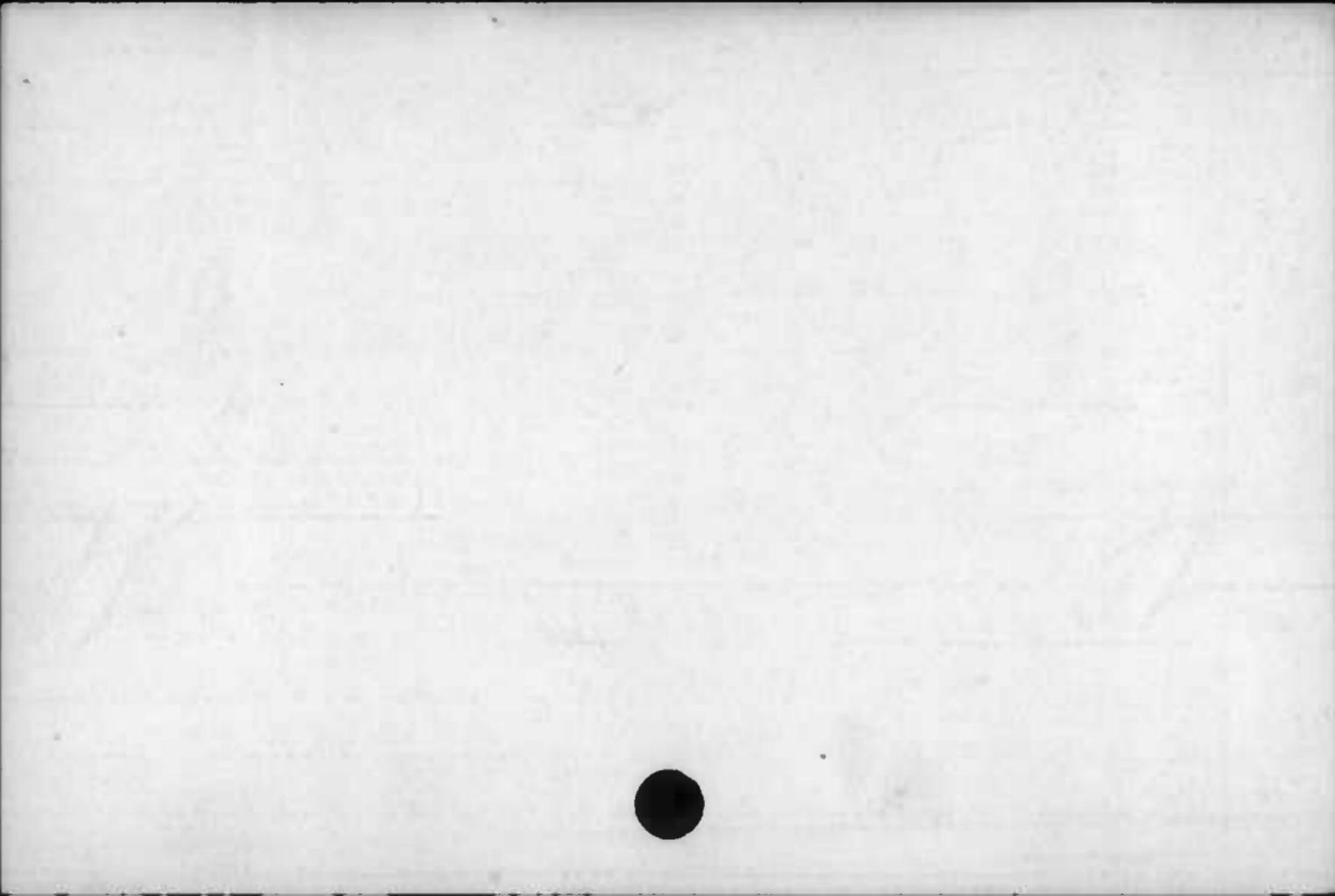
How long

all his life

How long

all his life

Accident d.



Name  
in  
Full

Fred. R. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Munths	Days		
Sex	Male	Color or Race	Age	27	10	14	
Occupation	Hotel Proprietor		Where Residing if not at place of death	Friendsville Md			
Married, Single or Widowed	Married	Name of Wife or Husband	Lavilla Rose Liston				
Father's Name	Charles A Mitchell		Father's Birthplace	Addison Pa			
Mother's Maiden Name	Sue Roderick		Mother's Birthplace	' H. Va			
Name of person giving information	E. M. Liston		How related to deceased	Father in Law			

CAUSES OF DEATH

112

How long

3 years

How long

18 hours

PHYSICIAN  
OR CORONER

Primary

Stoppage of heart.

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. J. Mason

Address

Friendsville  
Md.

Accident or Suicide?

